



**The University of Vermont Medical Center- Burlington VT  
APPLICATION FOR CLINICAL PASTORAL EDUCATION\***

\* Accredited by: The Association for Clinical Pastoral Education, Inc., One West Court Square Suite 325 Decatur, GA 30030  
Phone: 404/320-1472 Fax: 404/320-0849  
Email: acpe@acpe.edu Website: www.acpe.edu

**APPLICATION FOR:**

\_\_\_ Extended      \_\_\_ Summer      Earliest date able to begin \_\_\_\_\_

**CURRENT CPE STATUS:**

\_\_\_ Prospective CPE Student  
\_\_\_ Previous CPE Student with \_\_\_ (# of) units Level I \_\_\_\_\_ Level II \_\_\_\_\_

**PERSONAL INFORMATION:**

Name \_\_\_\_\_

**Present Mailing**

Address \_\_\_\_\_

Street Address		Apartment Number ( )
City	State	Zip Code
		Phone

Permanent Mailing Address \_\_\_\_\_

Street Address		Apartment Number ( )
City	Zip Code	Phone

Email Address: \_\_\_\_\_

Denomination / Faith Group Affiliation \_\_\_\_\_

Association, conference, Diocese, Presbytery, Synod \_\_\_\_\_

Present Position \_\_\_\_\_ Ordained? \_\_\_\_\_ Date \_\_\_\_\_

**EDUCATION**

College \_\_\_\_\_

Name	Location	Degree
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Seminary \_\_\_\_\_

Name	Location	Degree
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Graduate \_\_\_\_\_

Name	Location	Degree
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**PREVIOUS CLINICAL PASTORAL EDUCATION**

Date	Center	Location	Supervisor
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Dates	Center	Location	Supervisor
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Dates	Center	Location	Supervisor
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Dates	Center	Location	Supervisor
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**ATTACH TO THE APPLICATION THE FOLLOWING INFORMATION**

1. Attach a list of 3 references including name, address and phone number. Submit one reference from each of the following sources: **1) Denomination / Faith Group; 2) Academic; 3) Other.** Provide them with the UVM Medical Center CPE recommendation form (cf website)

I give Rev. Crabb permission to contact these persons, if necessary for further clarification.  
YES \_\_\_\_\_ NO \_\_\_\_\_ Signature: \_\_\_\_\_ date \_\_\_\_\_

2. Submit a reasonably full account of your life, including important events, relationships with people who have been significant to you and the impact these events and relationships have had on your development. Describe your family of origin, your current family relationships and your educational growth dynamics.

3. Submit a description of your religious life, including events and relationships that affected your faith and currently inform your belief system.

4. Submit a description of the development of your work (vocation) history, including a chronological list of positions and dates.

5. Submit an account of an incident in which you were called to help someone, including the nature of the request, your assessment of the "problem," what you did, and a summary evaluation. If you have had a previous unit of CPE, include this information in verbatim form.

6. Give your impression of Clinical Pastoral Education and describe your educational goals, including how this training will be used to meet your goals for doing ministry.

7. An admissions interview by an ACPE Supervisor or another qualified person is required for each applicant. We prefer a meeting with Fletcher Allen Supervisor if at all possible. In special circumstances, a CPE Supervisor, Seminary Liaison Professor, or Regional Director may recommend interviewer. In such instances, include the following information.

Application interview conducted by \_\_\_\_\_

\_\_\_\_\_ ( ) \_\_\_\_\_  
Address City State Zip Code Phone

**THOSE WITH PREVIOUS CPE SHOULD SUBMIT THE FOLLOWING INFORMATION**

- 8. Submit copies of previous CPE evaluations written by you and your supervisor.
- 9. Describe the most significant learning experience in previous CPE and how have you continued to work in this learning method? Illustrate your strengths and weakness as a professional person.
- 10. What are your personal and professional goals and how will continued training aid that process?

Signature of the Applicant \_\_\_\_\_

Date \_\_\_\_\_ Social Security Number(last 4#s) \_\_\_\_\_ DOB: \_\_\_\_\_

I understand that a CORI background check will be done as part of the application process. I have received complaint(s) against me YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, explain.

**Send completed application directly to:**  
**Rev. John T. Crabb, SJ**  
**Director Clinical Pastoral Education**  
**The University of Vermont Medical Center**  
**Spiritual Care Department (145BA1)**  
**111 Colchester Avenue**  
**Burlington VT 05401**  
**CPE Director 802- 847-5026**  
**Spiritual Care Office 802-847-2770**  
[Jack.crabb@uvmhealth.org](mailto:Jack.crabb@uvmhealth.org)